



**Sacred Heart School Tuition Payment Automatic Withdrawal Form
2021 - 2022 School Year**

Family Name on School Account: _____

Students: _____

Sacred Heart Church Parishioner: ____ Yes ____ No

Please choose one of the following three options:

____ CHECKING ACCOUNT WITHDRAWAL

Banking Information: **(Requires a voided check)**

Bank Name: _____

Bank Account #: _____ Bank Routing #: _____

____ DEBIT ACCOUNT: Name on card: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Card Number: _____ Expiration: ____/____ CVC: _____

____ CREDIT CARD: Name on Card: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Card Number: _____ Expiration: ____/____ CVC: _____

I authorize the amount of _____ to be withdrawn from my account on the ____ of (month) for the following months: _____

Printed Name _____
(Main Account Holder)

Signature: _____
(Main Account Holder)

Email Address _____

Phone Number _____

If you do NOT have any of the above accounts, please call or stop by the office to make alternate arrangements